Nancy L. O'Neill, D.D.S., M.S.
180 Fairview Court
New Freedom, PA 17349

PRIVACY NOTICE

IN COMPLIANCE WITH "HIPAA"
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR DEPENDENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax number, email addresses, home addresses, social security number and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e. your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you or your dependant (i.e. to determine the results of cleanings surgery, etc.)
- To third party payers or spouses (i.e. insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e. to determine benefits, dates of payment, etc.)
- To certifying, licensing and accrediting bodies (i.e. the American Board of Orthodontics, state dental boards, etc) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members who have any role in your or your dependant's treatment;
- To other patient and third parties who may see or overhear incidental disclosures about you or your dependent's treatment, scheduling etc.;
- To your family and close friends involved in your or your dependent's treatment; and or,
- We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you. (i.e. answering machines)

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke. A complete office Privacy Policy is available for your review upon request.

Under the new privacy rules, you have the right to:

- Request restriction on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information by request to the office;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your protected health information;
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact person at our office address) or the United States Secretary of Health and Human Services (must be filed within 180 days of violation).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your or your dependents protected health information;
- Amend your or your dependant's protected health information if, for example, it is currently accurate and complete;
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

If you have any question about the information in this Notice, please ask for our Privacy Contact Person or direct your question to this person at our office address.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice.

_____ _____
Print Patient Name Date

_____
Parent / Legal Guardian Signature